U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

-	For Official Use Only
	Recipie
E	(Plane)

1. File Number U - 8439

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01/01/05 Through: 12/31/05

4. Name, file number, and address of labor organization.

P.O. Box, Bidg., Room No., if any  Street 3336 Lowell Street  Street 3940 Hancock Street #188  City San Diego State California Type of the state of the st	Name Manuel Balelo	Name Fishermen's Union of America Pacific & Caribbean Hrea, AFL CIC Labor Organization File Number			
City Sqn Diego  State California Zircode+492106- State California Zircode+492110-5151  5. Position in labor organization.  Secretary - Trensurer Business Agent  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.	P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any			
State California ZIF Code + 4 93106 - State California ZIP Code + 4 93110 - 5151  5. Position in labor organization.  Secretary - Treasurer Business Agent  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose omployees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7. a. Nature of Interest, Transaction, or income.  7. a. Nature of Interest, Transaction, or income.  7. b. Amount.	street 3336 Lowell Street	Street 3940 Hancock Street #108			
5. Position in labor organization.  Secretary — Treasurer Busines Agent  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7. a. Nature of Interest, Transaction, or Income.  7. a. Nature of Interest, Transaction, or Income.  7. b. Amount.	city San Diego	city San Diego,			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose omployees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose omployees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.	Secretary-Treasurer Business Hgent				
monetary value from an employer whose employees your organization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.	Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests				
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
P.O. Box, Bldg., Room No., if any  7.b. Amount.	Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
P.O. Box, Bldg., Room No., if any 7.b. Amount.	Name				
7.b. Amount. Street	Trade Name, if any:				
Street	P.O. Box, Bldg., Room No., if any	71. 4			
Cit.	Street	r.b. Amount.			
Cny	City				
State ZIP Code + 4	State ZIP Code + 4				

Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Monuel & Balelo

Name of Person Filling Manuel Balelo	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Fighermen's Unith of America Pacific & Caribbean Area, AFL-CIL Trade Name, if any:	a. Labor Organiza	tion		
P.O. Box, Bldg., Room No., if any	b. Trust			
Street 3940 Hancock Street #108	o. Employe.			
city San Diego State California ZIP Code + 4 92110-515	7			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	f the Roard of Frustpe		
Name Tunu Fishermen's Trust	held of 21	the Board of Fustees 7.05 and 7-6-05.		
Trade Name, if any: P.O. Box, Bldg., Room No., if any	Lunch For	rustees		
Street 3940 Hancock Street # 108	\$13.75	* 12 h		
lan San Diego	11.b. Approximate dollar value			
city San Diego state California zip code + 4 92110- 95-6042008	12.a. Nature of interest nero	ox meane received.		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name ,				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	,			
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment,			

8. Fishermen's Union of America Pacific + Caribbean Area, AFL-CIO 3940 Hancock Street #108 San Diego, California 22110-5157

9. Xb, Trust

10. Fishermen's Pension Trust Fund 3940 Hancock Street #108 San Diego, California 92110-5157 95-6248054 11. Mectings of the Board of Trusters held on 2.17.05 and 7-6-05. \$ 14.46 11.6. \$ 14.46 U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2005 Through: 12 / 31 / 2005				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name DANIEL D ROSE	Name BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL NO.3				
	Labor Organization File Number 542 - 241.				
P.O. Box, Bidg., Room No., if any 1153	P.O. Box, Building and Room Number, if any 17A				
Street	Street 2350 NORTH FOREST ROAD				
City LOCKPORT	City GETZVILLE				
State New York ZIP Code + 4 14095	State New York ZIP Code + 4 14068				
5. Position in labor organization.  PRESIDENT/SECRETARY-TREASURER					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name INTERNATIONAL MASONRY INSTITUTE	REIMBURSEMENTS				
Trade Name, if any:	LODGING 12/2/05				
P.O. Box, Bldg., Room No., if any					
	7.b. Amount.				
Street 523 COLUMBIA DRIVE					
City JOHNSON CITY	\$866				
State New York ZIP Code + 4 13790	CONTRACTOR OF THE STATE OF THE				
Signature –					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					

6/1/2006

Date

(716) 636-6100

Telephone Number

Name of Person Filing DANIEL ROSE	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	, c. Employer			
Street  City				
State ZIP Code + 4				
10. if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).  Name				
Trade Name, if any:	; ;			
P.O. Box, Bldg., Room No., if any	,			
Street	<b>:</b>			
City				
State ZIP Code + 4				
	14 h. Amount of novement			

?

or Consultant

13.b. is the Business an Employer